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## BIB DATA SHEET

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10/536,641		329	2611	DE020297

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB03/05779 11/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance T.S. Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GERMANY	15	13	5

**ADDRESS**

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**TITLE**

Phase/gain imbalance estimation or compensation

<b>FILING FEE RECEIVED</b> 1300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit